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ABSTRACT

This paper describes the use of a particular therapeutic modality--behavioral groups--in a relatively new delivery system called a Health Maintenance Organization. The program described, run under the George Washington University Health Plan, offers short-term structured groups designed to aid people at particularly difficult or vulnerable developmental periods. Many of the groups are aimed specifically at helping people develop coping skills, problem-solving techniques and self-control strategies to deal with present and future problems. They include topics such as women's sexuality, weight reduction, coping skills (teaching physiological and cognitive relaxation techniques and assertiveness training), cognitive restructuring (focusing on interpersonal interaction and the modification of irrational and self-defeating cognitions), couples, smoking cessation, women's issues, seniors, career counseling self-help, adolescents, and parenting. The document presents, for each group, a statement of the goal, rationale, member characteristics, group characteristics, materials and research instruments. (Author)

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BEHAVIORAL GROUPS AS PREVENTIVE CARE IN A HEALTH MAINTENANCE ORGANIZATION

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BEHAVIORAL GROUPS AS PREVENTIVE CARE IN A HEALTH MAINTENANCE ORGANIZATION

ABSTRACT

A relatively new setting for community psychologists to deliver preventive mental health care is the Health Maintenance Organization (HMO). This paper describes the use of a particular therapeutic modality, behavioral groups, in an HMO setting. The behavioral groups run at the George Washington University Health Plan are short term and structured in nature and include at various times during the year, women's sexuality groups, weight reduction groups, coping skills groups (teaching of physiological and cognitive relaxation techniques, assertiveness training), cognitive restructuring groups (groups focusing on interpersonal interaction and the modification of irrational and self-defeating cognitions), couples' groups, smoking cessation groups, women's issues groups, seniors groups, cancer counseling self-help groups, adolescent discussion groups, and parenting groups. More detailed descriptions of the groups' goals, rationale, characteristics of members, size, length, and duration, techniques used, books and written materials, and evaluation instruments are included in this paper.

Many of these groups are designed to aid people in times of crises or at particularly difficult or vulnerable developmental periods in the life cycle. Most of the groups are aimed specifically at helping people develop coping skills, problem solving techniques, and self control strategies to deal with present and

future problems. These groups, in fact, represent a concerted and relatively innovative effort to deal with mental health problems in a preventive way by intervening early and efficiently in problem development and in some cases, before problems actually occur. This preventive approach is presumed to have a beneficial effect on physical states and medical utilization as well.

Behavioral Groups as Preventive Care

in a Health Maintenance Organization

This paper will describe the treatment setting and the particular behavioral groups offered to members of the Health Maintenance Organization (HMO) as innovative approaches to preventive mental health care.

George Washington University HMO, a prepaid health plan which is administratively within a department in the George Washington University Medical Center, provides its approximately 15,000 enrollees with comprehensive medical care as well as short term mental health benefits. The professional members of the HMO's Mental Health Practice consult to the various health practitioners and provide individual and group psychotherapy to those people who are referred for evaluation and treatment. Therapy is short term, structured, and behaviorally oriented with a twenty individual visit or forty group visit maximum for each enrollee. Psychiatric hospitalization benefits are for a thirty day maximum per year. A special feature of the Mental Health benefit is the various short term behavioral groups designed to teach coping skills and help individuals with specific types of problems.

Prepaid health plans are philosophically and financially committed to a disease prevention model. HMOs therefore focus on the comprehensive care of their patients including attention to physical states and disease processes, as well as the importance of and tremendous impact of psychological and social forces on the individual. To this end, the services of the Mental Health Practice focus on

the preventive aspects of mental health care with the idea that this will not only enhance people's psychological well-being, but also have a significant impact on their physical states and medical utilization, e.g., medical out-patient visits and hospitalizations, (see Follette & Cummings, 1967, Goldberg, Krantz, & Locke, 1970). The behavioral groups are designed specifically to provide help for people as efficiently and as early in problem development as possible so as to avert the creation of more serious, chronic psychological problems with their often debilitating physical concomitants. In addition, as some groups serve people during particularly vulnerable developmental periods in the life cycle, problems may be avoided before they occur.

Behavioral groups offered to HMO enrollees include women's sexuality groups, weight reduction groups, coping skills groups (teaching of physiological and cognitive relaxation techniques as well as assertiveness training), cognitive restructuring groups (groups focusing on interpersonal interaction and the modification of irrational and self-defeating cognitions), couples' groups, smoking cessation groups, women's issues groups, seniors groups, cancer counseling self-help groups, adolescent discussion groups, and parenting groups. The groups range in length from eight to thirty sessions (except for two groups which are open-ended) of 60 to 90 minutes each and have from six to sixteen members. One or two Mental Health Practice professionals lead each group. Most groups are cognitive and behavioral in nature requiring recording, self-monitoring, increased awareness of thoughts and behaviors, completion of homework assignments, reading of relevant materials, and a refundable monetary deposit, the return of which is

contingent on attendance and completed assignments. Participants are encouraged to make a committment to aid and reinforce themselves as well as others in the group.

WOMEN'S SEXUALITY GROUP

Goal

This group seeks to provide therapy for women with and without partners, who complain of inability to achieve orgasam. Membership in the group does not require working directly with a partner, although a more satisfying sexual relationship with a partner is one of the group's goals.

Rationale

Sexual dysfunction among women is not regularly reported though highly prevalent. The group format acknowledges the psycho-social context of this problem, provides an opportunity for sharing of feelings and information, and furnishes a support group for the changes these women experience as they go through the program.

Characteristics of Group members

The group is open to women who are uncomfortable with being 1) pre-orgasmic without any sexual response manually or coitally; 2) orgasmic with manual stimulation only; or 3) situationally orgasmic. Each woman must be referred by her primary care team with organic etiology ruled out.

Group description

Each group contains 6-8 members meeting twice weekly for five weeks. There is no upper age limit, though we require a minimum age of 18. Separate groups are run for partnerless women due to the use of different emphasis and format. Members

are required to attend the initial 5 group sessions or forfeit a $20 deposit (to American Cancer Society for Cervical Cancer research). Topics for instruction/discussion include male and female anatomy and physiology, Kegal exercises, body image, communication - verbal and non-verbal, the sexual response cycle, tactile stimulation, relaxation response, self-breast examination, the role of fantasy, and masturbation.

Materials

Materials in this group include films demonstrating masturbation and heterosexual intercourse and three texts: Our Bodies, Ourselves, (1976), For Yourself: The Fulfillment of Female Sexuality, (1975), and My Secret Garden, (1973).

Research Instruments

None at this time.

THE WEIGHT GROUP

Goals

The Weight Reduction Group is designed to teach overweight individuals behavioral techniques to be implemented in changing eating and exercise habits, to provide support and encouragement for weight loss and maintenance and to furnish a structured situation to which people can report on a regular basis.

Rationale

The group and its techniques are based on the principle that although obesity may be the result of a combination of genetic, metabolic, developmental and behavioral factors, it is a product of a positive energy balance, i.e. taking in more calories than one expends. To achieve a negative energy balance in which more calories are burned up than are taken in, it is most efficient to decrease caloric intake and increase energy expenditure through exercise. Overeating and underexercising are a result of maladaptive habits which can be modified. Behavioral principles are applied to change these habits so as to promote weight loss and later maintenance.

Charteristics of Group members

Group members are men and women who are at least 20% overweight for height and body frame according to the Metropolitan Life Insurance Tables, are motivated to lose weight and willing to attend meetings, and for whom there are no medical contraindications to weight loss, e.g., pregnancy.

Group description

The groups, composed of 8-15 members, run eleven weeks with one 60 minute

session held during each of weeks 1-7, 9, and 11. Follow-up sessions of 45-60 minutes in length are held at weeks 15 and 21 and at four week intervals thereafter. The groups are run according to a behavioral model derived from Stuart and Davis' Slim Chance in a Fat World (1972). Participants are asked to reduce their caloric intake, increase the amount of exercise they do, and begin to modify their eating habits by altering the antecedents, consequences and the actual eating behaviors themselves. Techniques include recording food consumption and exercise, applying behavioral and cognitive principles to individual life circumstances, and employing social and material reinforcement to help alter problem eating behaviors.

Materials

Daily recording sheets for caloric intake and exercise, weekly handouts of program rules and principles are the materials used in the groups.

Research Instruments

The efficacy of the groups is assessed by changes in weight as well as eating habits (Eating Habits Questionnaire adapted and modified from Wollersheim, 1970).

COPING SKILLS GROUP

Goals

The goals of the Coping Skills Group are to have each group member learn the self-help skills of deep muscle relaxation, cognitive restructuring and increased assertiveness. These skills are to be used to prevent and/or lessen inappropriate negative emotions such as depression, guilt, anxiety and anger. An additional goal is to provide a supportive network of others who are learning the same skills and who can be of help to each other by their encouragement and their own examples.

Rationale

Anxiety and depression are the two most frequent problems presented in mental health clinics. Many studies have shown cognitive therapy to be effective in treating anxiety and depression. There is also much evidence that behaving assertively is incompatible with anxiety and depression and that relaxation and anxiety are incompatible as well. Teaching these self-help skills in a group gives members a feeling of control over their emotional states and lessens dependency on one therapist, thereby promoting self-reliance.

Characteristics of Group members

All group members are referred by their Health Plan provider and screened individually by a Mental Health Practice therapist. Their presenting problems are primarily inappropriate negative emotions which they find to be interfering

with living productive and fulfilling lives. All express willingness and demonstrate the ability to learn self-help skills in a group context. No participants are included who show evidence of a thought disorder of psychotic proportion, severe depression or serious character disorder.

Group description

This group varies in size from 12 to 16 members. Larger numbers than in traditional groups can be accomodated because much of what is presented is didactic in nature. There are three modules including: Jacobson's deep muscle relaxation, (1962), cognitive restructuring, and assertiveness training which run for two weeks, four weeks and four weeks respectively. The sessions are held for 1 1/2 hours weekly. Participants are encouraged to become actively involved and to complete weekly homework assignments. A twenty dollar deposit is collected from each group member and its refund is contingent upon attendance, punctuality, and homework completion. In addition, each member is given a "buddy" and is required to have one phone contact per week with that person.

In the first module, the participants are taught Jacobson's progressive deep muscle relaxation. They are given examples of how the therapists employ this method themselves and also suggestions for their own use of it. They are asked to practice the technique at least once a day for twenty minutes.

Cognitive restructuring, the second module is based upon the theories of Ellis (1962) and Beck (1967). Participants are presented with the premise that exaggerated negative emotions are produced by irrational thinking. They are then taught to recognize their own unreasonable cognitions, to dispute or challenge them and to then respond with more rational statements. This skill is taught by personal examples illustrated by the co-therapists, as well as group examples and

finally those offered by individual group members. The homework in this module consists of filling out cognitive restructuring forms developed by the authors and reading the New Guide to Rational Living (1975). The third and final module, assertiveness training begins with teaching the group members the distinctions among assertion; non-assertion and aggression. They are also presented with reminders of their rights as human beings and the consequences of assertion and non-assertion. Each participant is asked to develop three goals for his own assertion which ascend in order of difficulty. These goals are discussed in terms of feasibility, likelihood of success, and risks involved. Components of assertive behavior are presented and illustrated and assertion problems are examined for inhibiting irrational ideas. The group members are then encouraged to roleplay typical scenes representative of their goals. When appropriate, group leaders model assertive behaviors to facilitate learning. Assignments for this module include reading When I Say No I Feel Guilty (1975) and filling out assertion diaries and behavior checklists.

Materials

Each group member is required to purchase and read A New Guide to Rational Living (1975) and When I Say No I Feel Guilty (1975). In addition, they are given the following readings: (1) a pamphlet entitled Coping With Depression (1974); (2) "Talking to Yourself" and "Getting What You Need", two chapters from Help Yourself: A Guide to Self Change (1976); (3) Rational emotive therapy homework sheets; and (4) Assertiveness training homework sheets.

Research Instruments

Before and following the group experience, participants complete the follow-

ing questionnaires: (1) Beck's Depression Inventory (1972); (2) Adult Self-Expression Scale (an assertion measure, 1975); and (3) Speilberger State-Trait Anxiety Inventory (1970).

COGNITIVE RESTRUCTURING GROUP

Goals

The goal for the Cognitive Restructuring Group is two-fold. The purposes of this group are to aid group members with problems in living caused by negative and inappropriate emotions by having them learn and practice the skills of cognitive restructuring, and to effectively use the group format to improve the interpersonal skills of the participants, e.g., increased self-disclosure, expression of empathy and caring, giving and receiving constructive feedback and appropriate expression of negative emotions.

Rationale

Traditional group therapy has been considered the treatment of choice for many if not most clients seeking to improve their interpersonal relationships. However, many of these clients are also experiencing concomitant symptoms of anxiety, depression and other negative emotions. Ellis (1962) and Beck (1967) posit that inappropriate emotions are the result of irrational thinking. In addition, research has shown that cognitive restructuring therapy is superior to other more traditional treatments for depression (Beck, 1978). By introducing these cognitive skills into the group therapy format in a less structured manner than the more didactic group, the benefits of interpersonal learning are retained while aiding group members in lessening and or preventing symptoms of anxiety and depression. These skills can also be beneficial in disputing irrational thinking that leads to inappropriate interpersonal behavior.

Characteristics of Group Members

All group members are referred to the Mental Health Practice by their Health Plan provider and all are screened individually by a MHP therapist. Their presenting problems include both difficulties in interpersonal relationships and inappropriate negative emotions which they find troubling. In addition, the participants demonstrate the apparent ability and willingness to discuss their problems with a group of new people, to learn new skills and to practice them in order to help themselves and other group members. No member shows evidence of extreme depression, severe character disorder or a thought disorder of psychotic proportion.

Group description

The size of the group is kept small (6-10 members) to help facilitate interaction among the members. It meets weekly for seventy-five minutes for 10 weeks with the option of meeting for 10 more if the leaders and group members elect to do so.

Several techniques are used to promote participation and learning. For example, before the group begins members are asked to make a $20 refundable deposit and sign a contract. The contract specifies the behaviors which result in the return of their deposit, i.e. attendance, punctuality, completion of homework, etc. Very early in the group a warm-up exercise is used to help the participants to learn each others names as well as something about each group member. Another technique used is the giving of personal examples by both co-therapists illustrating how they use the techniques themselves. Homework is

assigned weekly which consists of reading materials and written examples of how they are using the technique. During each group, members are encouraged to report successes as well as problems they've encountered using the skills. They are coached in improving their level of skill as well as in helping others to progress. They are also encouraged to be direct and honest with each other and to give appropriate interpersonal feedback. Finally, each member is assigned a "buddy". The pair is required to have at least one phone contact per week to help answer any questions, to reinforce what is being learned in the group and if necessary or desirable, to provide additional support.

Materials

Each member is required to read A New Guide to Rational Living (1975) before group begins. During the group we request that they read Your Erroneous Zones (1976) and A Rational Counseling Primer (1974). In addition, they are given cognitive therapy homework sheets and examples designed by the authors.

Research Instruments

Before and after the group, the participants fill out the following research instruments: (1) Beck's Depression Inventory (1972); (2) The Adult Self-Expression Inventory (an assertiveness measure, 1975); and (3) Spielberger State-Trait Anxiety Inventory (1970).

COUPLES' GROUP

Goals

The Couples' Group aims to teach communication skills to couples to enable them to deal more productively with couple conflict, to provide support, feedback, and information from others about the individuals and their roles in the intimate dyad, and to have couples experience first hand how others deal with various marital issues.

Rationale

The group is based on the idea that couple conflict and dissatisfaction are a result of unrealistic or undisclosed expectations and needs, difficulties in communication, and the failure to reciprocally reinforce one another. The techniques used in the group are aimed at making changes in these areas.

Characteristics of Group Members

Group members are married couples or couples living together who are in conflict and may be contemplating separation or divorce. Both members of the couple must be willing to attend meetings and to make a committment to improve the relationship.

Group description

The groups are time limited, running twenty weekly sessions of 90 minutes in duration. There are 4-5 couples in a group. The techniques used in the groups include teaching and practicing of couple communication skills, e.g., giving "I" messages, staying with the issue, asking for what is needed; use of contingency contracting and reinforcement principles; use of role playing to discuss issues, including changing roles; cognitive therapy dealing with irra-

tional ideas and expectations; techniques of sex therapy including discussion of body image and verbal and body language, sexual response cycle, tactile stimulation, relaxation therapy, fantasy and masturbation; and use of homework assignments to practice various techniques and read materials.

Materials

The reading materials include Intimate Enemy (1968), For Yourself: The Fulfillment of Female Sexuality (1975), Becoming Orgasmic (1977).

Research Instruments

Currently, group progress is being assessed with a group satisfaction questionnaire.

SMOKING CESSATION GROUP

Goal

This group seeks primarily to accomplish smoking cessation or as a secondary goal, to place the habit under control with a significant reduction of cigarette consumption.

Rationale

Smoking presents a significant health hazard to our population for both morbidity and mortality. Assisting in the cessation or significant reduction of cigarette consumption by those enrollees requesting such is the appropriate role for Health Plan professionals trained in self-control technology.

Characteristics of Group Members

Health Plan members wishing to quit smoking who do not present with significant psychopathology are prospective group members.

Group Description

This group is largely an adoption of O. & C. Pomerleau's book, Break the Smoking Habit (1977). The group consists of eight weekly sessions of 75 minutes each and three follow-up sessions at 3, 6, and 12 months. The group employs considerable data collection, behavioral analysis, health education, and multiple self control techniques including covert sensitization, deep muscle relaxation, and environmental control.

Research Instruments

No formal research instruments are employed although graphs of cigarette consumption, as well as pre and post measurements for pulse and weight change are obtained.

WOMEN'S ISSUES GROUP

Goals

The goals of the Women's Issues Group are more preventive than therapeutic in nature. On of them is to provide a forum in which women can learn more about options they have in life and gain help in formalizing their own life plans. Another is to provide support and encouragement for women to become more active in pursuing the goals they have set for themselves. A final purpose is to educate women about themselves, their strengths and weaknesses, and to help them to use this knowledge to get more of what they want from life.

Rationale

The rationale behind this group is that there are problems and situations that are unique to women. One major difficulty is that for the most part women have been encouraged by their culture to play a more passive role in life. This prior learning causes a woman difficulty when she decides that she wants more from life. There are also the differences in the reproductive roles which need to be dealt with. Women can benefit by being made aware of the past and present influences upon them and being exposed to healthy alternatives and support for change if they find it desirable.

Characteristics of Group Members

All group members are referred by Health Plan primary care providers or a Mental Health Practice therapist. Each present as their main difficulty a problem involving a choice in roles and/or decision-making around marriage, parenthood,

career, etc. All participants are between 25 and 35 years of age with at least a high school education. All have adequate verbal skills, are willing to participate in a group and have no serious emotional difficulties.

Group description

The group ranges in size from 8-12 members. Members meet for 90 minutes weekly for a ten week period. Topics considered to be most relevant in helping women in transition periods are pre-selected for each week. They include women's roles and development; relationships with significant others; self-concept; intimacy; life styles; work; aging; assertiveness and motherhood. At the beginning of each session a didactic presentation is made on the topic selected. This is followed by relevant experiential exercises and group discussions.

Materials

All group members are requested to purchase and read Our Bodies, Ourselves (1976). In addition, they are given questionnaires on physical awareness and beliefs about relationships.

Research Instruments

None at this time.

SENIORS GROUP

Goals

The Seniors Group endeavors to provide a social environment where members can easily meet one another and communicate common experiences as they cope with the shared problems of aging. The group seeks to educate members about the availability of community resources and provides information about nutrition and health. The group ideally becomes a supporting structure as well as a resource for other community supports.

Rationale

The single elderly on fixed incomes are a natural group sharing common needs and concerns. Some of these needs are met by the very existence of a group which can provide social contacts and support from fellow human beings. In addition, the group permits easy access to information about community resources as well as coping and self care skills.

Characteristics of Group Members

The Seniors Group is for patients 60 years or older and for those with physical disabilities close to this cut off age. The group consists of single and widowed individuals, most of whom live alone and are on a fixed income.

Group description

The group is open-ended, never exceeding 15 members. It meets weekly for 90 minute sessions with new members always welcome. The group meetings vary in their amount of structure, they cover a wide range of topics relevant to the elderly.

These topics include nutrition, medical problems (with a physician present to respond to questions), religion, community resources, the psychological aspects of aging, death and dying, and problems of daily living. Planned presentations are interspersed with unstructured sessions to foster social interactions and group cohesion.

Materials

None.

Research Instruments

None at this time.

CANCER COUNSELING: A SELF HELP GROUP

Goal

The goal of the Cancer Counseling Group is to facilitate the sharing of feelings surrounding the crisis precipitated by the diagnosis of cancer. This group provides empathy, support, and coping techniques to the patients and immediate family as well as identifying community resources for information, care, and support.

Rationale

The rationale behind this self help group is to provide an opportunity for people sharing a similar crisis to come together within a facilitating environment and to learn from one another as well as invited outside authorities.

Characteristics of Group Members

Patients with the diagnosis of cancer, their immediate families and close friends are eligible for membership in this on-going group.

Group description

The group session is a 90 minute meeting weekly. The size varies but averages eight. Except when outside authorities (e.g., physicians, clergy, nursing personnel) are present, the format is an open one, allowing for free-wheeling discussions of relevance to those present. The lay leader (in close consultation with a professional social worker) seeks to facilitate the sharing of feelings that might otherwise be regarded as unacceptable and seeks to overcome passivity, teaching an active, cooperative interaction with the medical system.

Materials

None.

Research Instruments

None at this time.

ADOLESCENT DISCUSSION GROUP

Goals

The Adolescent Discussion Group is designed to provide support, information, and guidance during adolescence, a stressful and confusing period during the developmental life cycle, as well as to furnish an opportunity for adolescents to share their feelings and problems with others and to become clearer about their goals.

Rationale

The group is based on the idea that since adolescence is a very difficult and confusing period in the life cycle, the provision of a setting to express feelings, discuss issues, and explore oneself and one's values is regarded as an effort toward primary prevention. The teaching of problem solving and coping skills would be helpful in providing the tools and techniques to deal with the many changes and decisions adolescents must make.

Characteristics of Group Members

Group members are male and female adolescents from 13-16 years of age. These adolescents are not experiencing severe problems but wish to participate in discussions and experiences to help them learn about themselves and others.

Group Description

The group, composed of 6-10 members, runs for thirty weekly sessions of 90 minutes which corresponds roughly to the school year, vacation weeks excluded. The techniques used in the group include the discussion and provision of information

regarding specific adolescent issues, e.g., sexuality, drug and alcohol use, friendship and love, school and career goals, family; techniques of problem solving, i.e., defining problems and examining alternatives; modeling appropriate roles and behavior; role playing; teaching of skills in communication and social skills for interpersonal relationships; homework assignments; exercises designed to explore and clarify values; and the use of group activities to aid cohesion and promote diversity of experience, e.g., visits to museums, colleges.

Materials

The materials used in the group are Rotter's Incomplete Sentences Blank (Rotter, 1950) and exercises from Values Clarification (1972).

Research Instruments

Changes and satisfaction with the groups are assessed with the Rotter ISB and a group satisfaction questionnaire.

PARENTING GROUP

Goals

The Parenting Group is entitled Living with Children - A Family Awareness Program. It seeks to teach parents of young children information about such topics as developmental issues, medical issues, child management techniques, communication skills and to provide a forum to discuss the experience of parenting and general issues about childrearing.

Rationale

The group is based on the idea that parenthood is a new and confusing life period and parents need answers, guidance, and support about many issues. In addition, as preventive measures, the importance of consistent, caring, and open discipline and communication to the early psychological life of a child and the importance of adequate medical care and attention to good health and development are to be stressed.

Characteristics of Group Members

Group members are parents of children ages one month to 4 1/2 years (preschool), both single parent and two parent families. The children of these parents are not actively experiencing medical or behavioral difficulties but the parents wish to learn more about important issues regarding their children.

Group description

The group which consists of six families meets for six weekly evening sessions

of 90 minutes duration. The techniques utilized in the group include educational techniques of presentations, discussions, question and answer periods, and the use of films presented by pediatricians, nurse practitioners, and psychologists; role playing and modeling of communication skills, e.g., active listening skills; bibliotherapy; and the use of a refundable monetary deposit based upon attendance.

Materials

The materials used include a bibliography of material related to parenting; medical instruments, e.g., thermometer, stethoscope; communication exercises; and a reason for parenthood questionnaire.

Research Instruments

Instruments to assess interest, satisfaction with courses, and learning are rating forms to indicate topics of interest, group satisfaction questionnaire, and a quiz on information learned during the sessions.

The use of these groups at the HMO, then, represents a concerted and relatively innovative effort to deal with mental health problems in a preventive way by intervening early and teaching coping skills and techniques to help patients handle present and future problems. This early intervention is made possible by the philosophy and setting of the HMO, including the physical proximity to primary providers (physicians, nurse practitioners, physicians' assistants) and the close cooperation between mental health and medical personnel.

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